

FOR OFFICE USE ONLY

DOCKET #: _____

Building Information

House No.(s) _____ Street Name _____

Borough _____ BIN _____ Tax Block _____ Tax Lot _____

Applicant Information

NAME: _____

MAILING ADDRESS: _____

_____ UNIT _____

DAYTIME PHONE: () _____

BUSINESS PHONE: () _____

FAX NUMBER: () _____

EMAIL: _____

Applicant is the:

- Owner
- Owner's Representative
- Net Lessee
- Prime Lessee
- Other (*specify*)

Occupant(s) of Units Owner Claims Denied Access

OCCUPANT'S NAME: _____ UNIT: _____

OCCUPANT'S NAME: _____ UNIT: _____

NOTICE TO OCCUPANTS

The occupant must file five (5) copies of a written answer in response to the application with the Loft Board, within fifteen (15) calendar days after service of the application. If the occupant fails to answer, the Loft Board may issue an order granting access. If the Loft Board issues an order granting access and the occupant fails to comply with that order, the failure to comply may be **grounds for eviction** in a proceeding brought before a court of competent jurisdiction. See 29 RCNY §2-01(g)(4)(i)

Basis for Application

Use the space provided below to state all relevant facts and arguments. Extra sheets of paper may be attached as necessary.

I verify or affirm that all statements made are true and correct except for those statements which I have stated to be based on information and belief, and as to those statements, I believe them to be true and correct.

Name (print)

Signature

Relationship to Applicant (if same, write 'Same')

Date

NOTE: False statements may subject you to the penalties provided by law, including fines and/or imprisonment.

